

**APPLICANT MUST FILL OUT
THE FORM COMPLETELY**



Department of Public Safety
STATE FIRE MARSHAL'S OFFICE
52 State House Station
Augusta, ME 04333-0052



**APPLICATION FOR INSPECTION,
PERMIT, OR LICENSE**

Tel. (207) 626-3880

FAX: (207) 287-6251

APPLICATION FOR FIREWORKS TECHNICIAN LICENSE

CHECK ONE

APPLICATION FOR NEW TECHNICIAN:

New applicant Fee: \$180.00

APPLICATION FOR RENEWAL:

Renewal Fee: \$25.00

HAVE ANY OF YOUR PREVIOUS PERMITS BEEN REVOKED FOR ANY REASON?

☐ NO

☐ YES

In accordance with the provisions of R.S., Title 8, Sec 231, as amended, application is hereby made for a permit to discharge, fire off or explode fireworks. A records check will be conducted on all applicants. Misrepresentation will be grounds for automatic disapproval of permit. In addition to the amounts listed above the applicant must submit \$21.00 fee to cover the cost of the records check.

Name:

LAST

MIDDLE

FIRST

LEGAL RESIDENCE

Street address:

Mailing address:

City:

State

Zip Code

DATE OF BIRTH

Telephone:

In the past five years have you been convicted of any of the following crimes and if so list the same. Family Abuse, failure to meet family support obligations, 3 or more class D or class E crimes, 3 or more civil violations, or any other violation with records indicating applicant has engaged in recklessness or negligence that endangered the safety of others?

YES _____ NO _____

SIGNATURE OF APPLICANT: _____

Applicants must include two passport type photos of themselves measuring 1 inch by 1 inch with this application. Photos can be taken at the Augusta Office from 8:00 am to 4:00 p.m. Monday through Friday. Also the applicant must review the attached ID form for accuracy and sign the ID form prior to returning this form for processing.



PLEASE MAKE ANY CHANGES IN THE FORM BELOW



LIST ANY CHANGES HERE

NAME _____

DATE OF BIRTH _____

HEIGHT _____

WEIGHT _____

COLOR OF EYES _____

HAIR COLOR _____

STATE OF MAINE LICENSE	
FIREWORKS TECHNICIAN	
NAME _____	
DATE OF BIRTH _____	
COMPANY _____	
HEIGHT _____	WEIGHT _____ EYES _____
SIGNATURE _____	
LICENSE NO. _____	DATE ISSUED _____ DATE EXPIRES _____

IDENTIFICATION ONLY



DEPARTMENT OF PUBLIC SAFETY USE ONLY



Fee For renewal: \$25.00
New License Fee: \$180.00
Add \$21.00 for Background
Check DATE:

SENT TO INSPECTOR
FOR TESTING?
DATE:

TEST GIVEN
DATE:

PERMIT ISSUED
DATE:

PERMIT #